

MARGIN RESERVED FOR BINDING

USE PERMANENT INK

ARIZONA STATE DEPARTMENT OF HEALTH

DIVISION OF VITAL STATISTICS

SUPPLEMENTARY REPORT OF BIRTH

County Registrar's No. *124*

(This return should preferably be made by the person who made the birth record)

Place of Birth *Mesa* County *Maricopa* No. *124* St. *Arizona*

| | | | |
|---------------|------------------------------|-----|--------------------------------|
| SEX OF CHILD* | Twin Triplet or other? | and | Number in order of birth |
| <i>Boy</i> | | | |

DATE OF BIRTH* *Oct 7 1929*
(Month) (Day) (Year)

FULL NAME *Ascension Martinez*

FULL MAIDEN NAME *Delfina Santiago*

I HEREBY CERTIFY that the child described herein has been named

Alejandro Martinez
(Give name in full) (Surname)

Delfina Santiago
(Parent's Signature)

(Signature of Physician or Midwife)

*These items to be entered in local registrar before giving out this form.

Blank supplemental report may be obtained from the local registrar.
10M 10-1-43-S.P.Co.

149-1007-426